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Bib Data Sheet

CONFIRMATION NO. 2049

<b>SERIAL NUMBER</b> 09/839,840	<b>FILING DATE</b> <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2645	<b>ATTORNEY</b> <b>DOCKET NO.</b>
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**APPLICANTS**  
Gary Allan Cullis, Hampton, NH;

**\*\* CONTINUING DATA \*\*\*\*\*** *Yes AH*  
THIS APPLICATION IS A CIP OF 09/751,931 01/02/2001 *Tran*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *Name AH*

**IF REQUIRED, FOREIGN FILING LICENSE** **\*\* SMALL ENTITY \*\***  
**GRANTED \*\* 06/15/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
Examiner's Signature *Alan Nassim* Initials *AH*

**ADDRESS**  
Gary A. Culliss  
SoundBite Corporation  
21 B-Street  
Burlington, MA 01803

**TITLE**  
Answering machine detection for voice message delivery method and system

<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 2049

<b>SERIAL NUMBER</b> 09/839,840	<b>FILING OR 371(c) DATE</b> 04/23/2001 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2645	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**

Gary Alan Culliss, Hampton, NH;

**\*\* CONTINUING DATA \*\*\*\*\***

yes AH

This application is a CIP of 09/751,931 01/02/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None AH

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 06/15/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>Alan Rosen</u> Initials: <u>AH</u>				

**ADDRESS**

Patent Administrator  
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 High Street Tower  
 125 High Street  
 Boston, MA 02110

**TITLE**

Answering machine detection for voice message delivery method and system

<b>FILING FEE RECEIVED</b> 364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit